

# Comments on the Physician's Role In Drug Abuse Work

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■ *The use of illegal intoxicating drugs by young people has reached epidemic proportions. The seriousness of the social problems underlying drug usage and the gravity of consequences for individuals and for society as a whole are a challenge to the adult world. Members of the medical profession are in a particularly strategic position to help meet that challenge. Through research, through legislative study, through clinical contacts, and through self-education and participation in community education programs, physicians can help to fulfill the responsibility of their generation for responding with integrity and intelligent leadership to this as well as to other problems of the times.*

IN THE PAST TWO YEARS there has been much attention paid a new kind of illness that is spreading rapidly and unchecked through the quiet streets of affluent suburban America. The most official name for it is "drug abuse." Attacking the young, destroying minds and souls rather than bodies, it is more insidious than the usual epidemic but in the long run it may prove more destructive and more tragic than any of the infectious diseases. In his traditional roles of community leader and protector, the physician finds himself consulted more and more frequently for help with patients who have fallen victim to the use of drugs and for assistance in planning and implementing programs designed to halt the spread of drug usage. Yet often he is not certain himself in what direction

to turn, and his counsel wavers as he struggles in his own mind for answers to the doubts and questions that have become prevalent with regard to drugs. Is marijuana really harmful? Isn't tobacco infinitely worse? Dare he speak at all when his own generation has so misused alcohol and when his profession has participated in the development of a nationwide dependence on tranquilizers and sedatives? In a country torn by war and wracked by racial prejudice, can he say that the youth are not somehow justified in their philosophy of tuning in, turning on, and dropping out?

## Gathering Momentum of Change

Ten years ago, in the aftermath of the Korean War, everyone worried some about teen-agers with cars and too much money.

Drinking was a growing problem among adolescents and school dropouts were a concern.

Five years ago, the man on the street would

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have been startled by the news that "reefers," as they then were called, were actually being used by a few high school students.

How long ago that all seems now. Suddenly it was nineteen hundred sixty-three and one day in November an orange flame spurted from an upper-story window in the Texas School Book Repository in Dallas. The world began to change. A man accused of assassination was himself assassinated on national television . . . live. Day after day, the mournful line filed slowly past the catafalque while endless dirges filled the airways of radio and television.

In the days and years that followed, the process of change gathered momentum. Troop commitments climbed in Vietnam. The promise of "just one more escalation" seemed somehow never to be fulfilled. The good fellowship and optimistic dedication of the Selma March days of the civil rights movement gave way to political disillusionment, riots, militancy, and violence. Sit-ins by the Free Speech Movement staggered the administrative control of the University of California at Berkeley, and on campuses across the nation angry students watched, gained inspiration, and began to seek their own kind of confrontation. Overnight a quiet neighborhood near the intersection of Haight and Ashbury Streets in San Francisco became transformed into a street carnival of psychedelic sights and sounds. The "Summer of Love" drew 100,000 children to its crowded streets and, failing, gave way to the winter of discontent, leaving a residue of hard core drug users to corrupt the hippie ethic with crime, defiance, and sexual excess. On the Sunset Strip in Los Angeles, in Greenwich Village, in Denver and in a dozen or more major cities across the United States, the drop-out ghettos came into being almost simultaneously and pursued their garish course toward drugs, love and disease.

Indeed the past five years are a bewildering kaleidoscope of the artifacts and appurtenances of a youthful and uncertain social revolution, more far-reaching perhaps than any the world has yet known. Acid, rock, Timothy Leary, light shows, Bob Dylan, grass, speed, underground newspapers, The Sexual Freedom League, gurus, Stop the Draft Week . . . these are the flames of a firestorm of change, coming faster almost than the mind can cope with them, challenging old values, tempting, outraging, disturbing, yet touching something meaningful in young and old alike.

## The Hippie World

Suburbia was, of course, in some degree of trouble as a place for rearing children years before the hippies came along. Growing up in the hot-house atmosphere of middle class affluence, never wanting for anything, with parents whose successful careers and busy social lives left them less time than there needs to be for family matters, without much in the way of formal religious training or any kind of stable value system, the teenagers of suburbia have gradually become over the past two decades more "spoiled," more lacking in motivation, and more easily led into delinquent acts than other young populations have been.

When the Haight-Ashbury, Sunset Strip and other meccas of the hippie world suddenly sprang into existence in 1965 and 1966, they were only an easy hitchhike down the highway from Suburbia, and restless teen-agers soon found their way and began to make the scene on weekends and after school with regularity. There was a great deal about this that was disturbing for parents and community leaders, but one of the more upsetting developments had to do with drug usage. Stories began to circulate. Could it be that as many as 10 percent were using drugs in some high schools? That was shocking. Something should be done.

Nothing was, however. Time went on and some of the adolescents disappeared into the hippie world altogether. The ones who commuted back and forth to Suburbia brought back the culture with them—more drugs, posters, long hair, and a jumble of philosophical concepts that sometimes didn't withstand logical analysis but nevertheless contained a core of truth that made them surprisingly satisfying and difficult for the older generation to refute.

## Marijuana in High School

One should not, of course, overestimate the influence of this process of subversion of the adolescent. On the grounds of suburban high schools, there are still to be seen, at least to the casual glance, throngs of bright, laughing, conventionally-clad youngsters carrying books, chattering, and exploring the mysteries of male and female just as they have always done. But the undercurrents are there too, unmistakable, for one who would see them: a few kids in hippie clothes, a "joint" passed quickly but with surprising openness from hand to hand in the parking lot, Peace and Free-

dom Party posters, and a hundred other indications that something is stirring.

A recent issue of a California high school newspaper<sup>1</sup> published the results of a survey conducted by the students themselves to determine the extent and nature of marijuana use. Nearly 1,800 boys and girls, three-fourths of the student body, responded to the questionnaire 45 percent, (806) reported that they had tried marijuana, and 31 percent, (554) indicated that they continued to use the drug. Usage, as might be expected, increased sharply from lower to upper classes, and among the graduating class 57 percent stated that they had experimented with marijuana and 45 percent said that they continued to do so. In response to one interesting item, "Which constitutes the greatest threat to your health following excessive use?", 44 percent answered alcohol, 37 percent nicotine, only 13 percent marijuana, and 6 percent caffeine.

### And the Other Mind-Altering Drugs

The survey did not inquire into the use of mind-altering agents other than marijuana. The impression of those who work closely with problems of drug usage is that the taking of LSD has diminished decidedly in recent months. The rash of bad trips and publicity about chromosome damage has made the adolescent far more wary of this substance than he once was; and, together with more stringent laws, higher prices, and relative unavailability of a trustworthy supply on the market following several recent arrests of large scale manufacturers, this has made LSD something that is more likely to be used, if at all, by college students rather than high school youngsters. At any rate, those who want to progress beyond marijuana nowadays are more likely to turn to amphetamines. "Crystal" or "speed" is readily obtainable; and the "trip," with its sense of increased rate of thinking and heightened motor powers, is probably inherently more appealing to the children of our success-oriented computer culture than the more introspective and mystically-oriented counterpart journey with "acid." Ironically, speed seems to make the teen-agers feel for a few hours as if, perhaps after all, they can measure up to the standards of their parents, which they reject consciously but unconsciously still desire to fulfill.

While the teen-agers of Suburbia drift from drug to drug in search of euphoric escape from a world they suddenly find unacceptable, their parents, for

the most part, stand by bewildered and uncomprehending. Having little actual contact with the phenomenon except through frightening newspaper headlines and from anecdotal knowledge of tragic cases that have occurred among children of their friends and acquaintances, adults concoct from their own unfulfilled desires and projected fears a terrifying concept of what is going on that leaves them in a state of panic and paralysis. In their minds, it is as if the Pied Piper of Hamelin has gone through the country, blowing "weed." And where he has been, the children have followed: first a trickle, then a rivulet, then a stream, then a torrent and a flood until in the minds of parents the danger is everywhere and the children are truly lost. They can do little except wail, wonder what they have done wrong, and hold conferences and plan programs that somehow do not help.

Surely this nightmare, conjured up from the murkiness of the unconscious minds of the World War II generation, which has somehow now so bewilderingly found itself failing at everything it turns its hand to, is an exaggerated view of the menace of drugs. But what would be a more accurate appraisal and how are we really to measure what we are up against and plan sensibly?

### An Appraisal of the Problem

Probably it is fair to say that the most irrational fears, which hold that we are raising a generation of drug addicts are unfounded. For one thing, the only background against which we can judge current events, our only concept of the drug user, is the black-and-white characterization of the "dope fiend" publicized by the Federal Bureau of Narcotics in the 1930s and '40s and such a concept equips us poorly to understand what is going on now. For another, the drug that is most widely used, marijuana, has not been clearly shown to be harmful and may not be as widely destructive as we fear. LSD and the amphetamines are another matter but harm that stems from their usage, while more clearly predictable, is still confined to a relatively small number.

However, if the risk to the entire generation is perhaps not immediate and overwhelming, the risk to individuals is often very real. This is particularly true for youngsters whose past experiences and uncertain ego development have brought them to adolescence more insecure and more vulnerable than their peers. In the author's private practice,

for example, during the year 1964, none of the teen-agers seen were involved with drugs; but, in contrast, during 1967 every young patient had used drugs to some extent and more than three-fourths were seriously committed to the daily employment of drugs and to the culture of the drug world.

Whatever the final outcome of the current furor over marijuana and other drugs may be, it does at least seem clear by now, after two to three years of experience, that the unrestricted and indiscriminate use of mind-altering agents and total immersion in the underworld of drug use are poor adjuncts to psychotherapy. Psychiatrists over and over again have seen disturbed adolescents begin to make some progress toward understanding and controlling themselves only to abandon it all to the seductions of acting-out, hippie-style, and lose the gains they have made. Furthermore, in addition to interfering with psychotherapy, it is clear that the opportunity that drugs and the drug culture provide for repeated escape is a poor kind of developmental experience for troubled adolescents. In private practice, in clinics and on the wards of state hospitals, one sees increasingly the casualties— young boys and girls whose lives have been blighted, perhaps beyond recovery, by drug-accelerated psychopathology. To be sure, some of these would have lost out in life anyway and in time would have found some other medium like alcohol or psychopathic behavior for the expression of their unhappiness and inadequacy; but there is the impression that the number of the damaged has undergone a real increase under the blandishments of the drugs and the false promises of those who make the use of them a way of life.

### The Importance of Facing Reality

Development is not an easy task at any level and it is particularly difficult for the adolescent in a complex society like ours. The task of hammering out a solid sense of identity requires courage and perseverance. There are many hurts and disappointments to be experienced along the way but the slow and painful work of building a self must never be abandoned. It does not help the adolescent to have ready-made ways of giving up or of avoiding the challenges of his life, yet this is what the drugs seem fundamentally to provide. The greatest harm that they do comes from the fact that, although the drug itself may not be habituating, the experience of easy escape and rationalization is

and very quickly becomes a way of life from which, paradoxically, there is no escape.

However, even if it is true that some number of children who might otherwise have rescued themselves from the toils of adolescent turmoil will be sucked under and lost, still one senses, after all, that the majority will either never become involved seriously or will find their way back from the edge of the quicksand. From the standpoint of the individual there will be all too many tragedies, but from the standpoint of society the cost in grossly damaged lives may not in the end be too great.

### The Responsibility of Adults

There is reason, however, to be concerned at a deeper level than this about effects that are more subtle and more far-reaching. The young people say, "Let us alone, let us take drugs, let us do our own thing—we're not hurting anyone." Indeed there is some truth in what they say, for one must truly strain to find evidence that their "thing," in and of itself, is causing enough gross damage to society to warrant its prohibition, at any cost and on a society-wide scale, if in fact such were possible. But each generation, ours included, has a right and an obligation to take seriously its stewardship of the world for those few short years when positions of power pass into the hands of its members and when years of experience bring to it at least the potential for wisdom. To abdicate that right is perhaps just as wrong as is the imposition of a dictatorship of age over the young.

We as physicians are members of an adult generation. We and our contemporaries, more than the young generation, are in a position to think seriously about the long range effects of a drug culture on the worlds of today and tomorrow. We have a responsibility to face questions that only we can face, because we have, unlike the young, seen more than one generation and have some sense of where time can lead. We must ask, because no one else can or will, the serious questions: What will be the real and lasting effects on the generation of the young for their adolescent experience to have been so deeply colored by the easy availability of pharmacologically induced thrill and escape? What kind of people will they grow up to be, where will their values come from, where will they find the motivation, what sorts of adults will they really make when they are suddenly, irrevocably over 30?

Another kind of concern is not so much for the future and what will become of the adolescent as it is for the present and what will happen to adults because of the drug problem and related issues. This is not to suggest that adults are likely very quickly to abandon the social customs that have been built up over the years around the consumption of alcohol and switch to another intoxicant. That seems relatively unlikely if for no other reason than that of cultural inertia. But the drug problem exerts other kinds of pressures than the urge to change. One of the most deleterious of these is the effect of unanswered accusations. It is not psychologically healthy for a generation to have thrust upon it in anger and defiance wave upon wave of issues and questions that undermine its own sense of continuity with the past and destroy its confidence in the capacities that it has acquired just at the moment in time when those capacities are most needed by the world. To be endlessly beleaguered like this, without answer and with diminishing self respect, is to be robbed of the most fruitful and satisfying period of life; rather than submit in confusion to such an impeachment, the adult generation would do well to turn all of its resources toward the understanding and solution of each of the problems that plague the world, be they drug usage, international aggression, civil rights, overpopulation or any other.

### The Physician's Special Role

In this larger sense, the problem of drug abuse belongs to all of society, and resolution of the problem will require the efforts of far more than just the physicians. But there are aspects of the problem where physicians are uniquely qualified and can contribute skill and knowledge that no other profession offers. There is an immediate and imperative need for research, for instance, and for laws that facilitate the gathering of information about drugs and their effects on the human organism and human lives. To know so little about something that has suddenly become so important is to grope in the dark at a time when the next step is critical and light is most needed. Physicians can support and participate in both laboratory and clinical research and, through their medical societies, have an opportunity to represent forcefully the need for reappraisal of the rules and regulations that now make it virtually impossible for scientists to obtain supplies of marijuana and LSD for study and experimentation. Such restric-

tions do little to protect society from abuse and, on the other hand, do much to deprive it of vitally needed knowledge.

Another aspect of the drug abuse problem has to do with a growing dependency of the general population on medications of various sorts as a solution to difficulties and symptoms, particularly those having to do with tension and its physical and psychological manifestations. Physicians, especially those who are involved in medical education, need to engage in a searching reexamination of the whole philosophy of contemporary medical practice and the degree to which it inadvertently fosters such dependency. At the same time attention needs to be paid to the mounting commercialism of the pharmaceutical industry, to the perhaps excessive and injudicious use of advertising and to the enigma of the modern drug house which seemingly must utilize hard sell methods and push an endless stream of new products in order to survive in the competitive world of business enterprise yet periodically justifies these questionable means by producing, because it has been able to sustain itself and to grow, therapeutic innovations that are truly life saving and miraculous.

### The Need for Information

An obvious need bears on education. Physicians need to educate themselves, their patients and, participating in organized programs of various kinds, the children and parents of their community. There is a great demand for the immediate dissemination of all available information regarding drugs and their psychological and physiological effects, the nature of habituation and addiction, and the social and psychological conditions that predispose to the use of drugs.

The federal and state laws pertaining to marijuana and other drugs are under increasing attack. It is alleged that they are unduly punitive and that they are not soundly based on medical and scientific fact.<sup>2</sup> As in the days of Prohibition, accepted practice is diverging more and more widely from the dictates of the law, and the law does not receive the respect that is necessary for it to be the cornerstone of stability in the community. As the current limits on drug usage are questioned, there is a tendency to question other limits on behavior as well, and the situation edges more and more toward a condition of license which is bewildering and seductive to the young adolescent faced with his first difficult choices with regard to drugs. Physi-

cians can help in this area by examining the medical basis for current legislation, by urging their reevaluation if that seems indicated, by contributing valid knowledge and information to any rehearing that may take place, and by supporting to their fullest, along with the rest of society, whatever statutes result.

In any aspect of the drug problem in which he becomes involved, be it research, community education, clinical contact with patients, or legislative endeavor, the physician will make a more meaningful contribution if he approaches his work with an open mind and with a willingness to learn. He should not abandon the responsibilities of his knowledge and maturity because of the emotional pressures of the moment, but at the same time he should try not to be blinded by prejudices of the

past. We need to educate the youth today, but perhaps first we need to educate ourselves and become able ourselves to be free to change. Basically, as in any learning process, it will not be so much the facts that will be absorbed by young people as it will be the manner in which we face the problem and conduct ourselves in trying to deal with it. If we can find ways of approaching this question and others with honesty, industry and intellectual integrity, then we will have conveyed something by example that can be truly valuable.

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#### TREATMENT OF DISSEMINATED CHORIOCARCINOMA

"We have used a variety of regimens and a variety of drugs for women with disseminated choriocarcinoma. Up to the present time, we've found only two drugs to be outstandingly effective — Methotrexate and actinomycin D.

"In the use of Methotrexate, we've found that we obtain our best results in a regimen which gives Methotrexate by continuous infusion and at the same time gives the patient twice daily folinic acid. This is a complex process. It can be argued that it ought to eliminate the therapeutic effect of Methotrexate completely. But we are able to judge the effect by the excretion of chorionic gonadotropin in these tumors; and in fact, we observed better response with this Methotrexate-folinic acid regimen than we have with either Methotrexate alone or with Methotrexate and 6-mercaptopurine. Its big advantage is that it reduces the level of toxicity. . . . The patient does not suffer severe stomatitis. She does not suffer severe hair loss. She still gets some degree of hematopoietic depression. These are important savings. There is a very much reduced mortality rate from toxicity; we've had no deaths in patients treated in this way. A high proportion — something like 50 percent — of the patients are apparently cured by this Methotrexate-folinic acid regimen. If they don't respond to this, then we have to go into actinomycin. We have no way of reducing actinomycin toxicity; but if the patient has been treated in the first place with this Methotrexate-folinic acid regimen, the toxic effects are very much better contended with than if the patient has already had several months of Methotrexate treatment in the conventional way."

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